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AF/1648
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PTO/SB/21 (04-07)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

21

Application Number

09/642,492

Filing Date

August 18, 2000

First Named Inventor

Gary VAN NEST

Art Unit

1648

Examiner Name

E. Le

Attorney Docket Number

377882000800

ENCLOSURES (Check all that apply)☒ Fee Transmittal Form + duplicate
for fee processing (2 pages)☐ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority
Document(s)☐ Reply to Missing Parts/
Incomplete Application☐ Reply to Missing Parts under
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board of
Appeals and Interferences☒ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
(Reply Brief- 17 pages)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please
Identify below):Request for Oral Hearing (1 page)
Return Receipt Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

MORRISON & FOERSTER LLP (customer number 25226)

Signature

Printed name

Vicki L. Healy

Date

September 28, 2007

Reg. No.

48,343

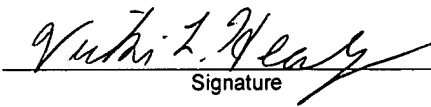
I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 021710782 US, on the date shown
below in an envelope addressed to:

MS Appeal Brief - Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 28, 2007

Signature: (Rosemarie Puljic-Salmeron)



REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 377882000800	
		In re Application of Gary VAN NEST et al.	
		Application Number 09/642,492	Filed August 18, 2000
		For METHODS OF MODULATING AN IMMUNE RESPONSE USING IMMUNOSTIMULATORY SEQUENCES AND COMPOSITIONS FOR USE THEREIN	
		Art Unit 1648	Examiner E. Le
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.			
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3))		\$ 1,000.00	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ 500.00	
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 03-1952. I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.			
I am the		 Signature	
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Vicki L. Healy Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record. Registration number 48,343		September 28, 2007 Date	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.		(650) 813-5856 Telephone number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.			

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Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2007		Application Number	09/642,492
		Filing Date	August 18, 2000
		First Named Inventor	Gary VAN NEST
		Examiner Name	E. Le
		Art Unit	1648
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	377882000800
TOTAL AMOUNT OF PAYMENT		(\$) 500.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
37 - 37 = 0 x 25 = 0.00

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**
180 0.00

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
5 - 5 = 0 x 100 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
- 100 = /50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 2403 Request for oral hearing 500.00

SUBMITTED BY			
Signature	<i>Vicki L. Healy</i>	Registration No. (Attorney/Agent)	48,343
Name (Print/Type)	Vicki L. Healy	Telephone	(650) 813-5856
		Date	September 28, 2007